

DEPARTMENT OF HEALTH SERVICES

1744 P STREET
BOX 942732
SACRAMENTO, CA 94234-7320
(916) 657-2941



May 30, 1995

TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons

Letter No.: 95-34

NEW FORMS SUPPLY POLICY FOR NON-GOVERNMENTAL ENTITIES

The Department of Health Services' (DHS) Medi-Cal Eligibility Branch (MEB) has received several requests from private individuals, businesses, and organizations for quantities of official Medi-Cal forms, including the MC 210 Statement of Facts, MC 223 Supplemental Statement of Facts, and the MC 306 Appointment of Representative. MEB has also received inquiries from counties concerning demands being placed on them by private entities for the county to supply forms to these entities on an on-going basis. Most frequently these requests come from private for-profit entities which assist persons in the Medi-Cal application process.

Counties are not obligated to supply forms to anyone, other than to individual applicants/recipients or their family, to determine Medi-Cal eligibility. If the county receives a request for a quantity of forms, other than individual copies for information purposes, the county should refer the individual to:

Forms Manager
Department of Health Services
Medi-Cal Eligibility Branch
714 P Street, Room 1719
P.O. Box 942732
Sacramento, California 94234-0732
(916) 657-5357

In addition, DHS has received information from the Office of State Printing that the State of California, as well as private printers, have been placed on an allocation list by the paper mills who supply the stock for our printing. The availability of paper for the printing of forms, informational booklets, and brochures, etc. cannot be guaranteed by the mills. MEB has been notified that the cost of paper has also increased by 40 percent.

Due to the increased cost and difficulties in maintaining available paper supplies, MEB will require all non governmental and for-profit entities to pay 45 cents per copy of each form requested. This cost includes shipping and handling charges. A minimum order of 25 copies will be required. There is no reduction of cost based on quantities ordered. Private individuals, businesses and organizations may print their own supply of forms at their own expenses but the forms must not deviate in text or format from the state printed Medi-Cal form and must include the form number. All orders should be sent in writing to the Forms Manager at the above address. A money order or check made out to DHS/MEB Forms Manager must be attached to the order.

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A camera ready order form is enclosed with this ACWDL and should be provided by the county to anyone requesting multiple copies of Medi-Cal forms.

Counties are reminded that clinics, family planning centers, outreach agencies, OBRA outstation facilities, government agencies, etc. are not included in this new policy.

Any questions or comments regarding the information contained in this letter should be directed to Mr. Gary Varner of my staff at (916) 654-5321. Information for shipping or ordering forms should be requested of the Forms Manager at (916) 657-5357.

The effective date of this policy is upon receipt of this letter.

Sincerely,

ORIGINAL SIGNED BY,

Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

Enclosure

cc: Anthony Dario
Robert Geene

FORMS SUPPLY REQUEST

<u>Form Number</u>	<u>Form Title</u>	<u>Quantity</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL QUANTITY ORDERED: _____ X .45 = \$ _____

ORDER REQUESTED BY:_____
name/organization_____
address_____
contact person & phone number

MAIL (with check or money order) TO:

Forms Manager
Department of Health Services
Medi-Cal Eligibility Branch
714 P Street, Room 1719
P.O. Box 942732
Sacramento, California 94234-0732